

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43244

State File No. ....

FILED DEC 30 1952

318

1003

Registrar's No. 11027

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If location of residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis Mo</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis County North Shore</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Desloge Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>163 Chambers Road 4010</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JoAnn</u> b. (Middle) _____ c. (Last) <u>Adams</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11/30/52</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>XXXXXX</u>	8. DATE OF BIRTH <u>Aug. 25/50</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>XXXXXX</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXXXX</u>		11. BIRTHPLACE (State or foreign country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>	
13a. FATHER'S NAME <u>Clarence B. Adams</u>		13b. MOTHER'S MAIDEN NAME <u>Eleanor A. Chesnick</u>		14. NAME OF HUSBAND OR WIFE <u>XXXXXXXXXX</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>XX XX</u>		16. SOCIAL SECURITY NO. <u>XXXXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clarence B Adams 163 Chamber Rd</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia</u> DUE TO (c) <u>Congenital cardiac</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophy</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7544</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:46 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edwin E. Doyle</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>11/30/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/1/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>		
DATE REC'D BY LOCAL REG. <u>DEC 1 1952</u>		REGISTRAR'S SIGNATURE <u>Paul Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Central Funeral H 5541 Riverview</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~, or by ME

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed J. W. Wilkinson

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St. Louis Mo

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.